

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-001)**

SEPARATE NO.

599180

FILING DATE

6-22-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st PARAGRAPH		AFTER 2nd PARAGRAPH	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
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50						
TOTAL	3					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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10-22